FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only 1. NAME OF (Check if name Example: If typing, type 12FE4M5 over the lines. COMMITTEE (in full) is changed) Elizabeth for MA, Inc. P.O. Box 960405 ADDRESS (number and street) (Check if address 02196 is changed) Boston MΑ ZIP CODE STATE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) PLGroup@perkinscoie (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2011 DATE 00500843 **FEC IDENTIFICATION NUMBER** X AMENDED (A) OR IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bruce H. Mann Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: **FEC FORM 1** Office Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530

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